



PROVIDER INQUIRER

October 1st, 2005

www.michigan.gov/mdch

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National Provider Identifier

On January 23, 2004 the Centers for Medicare & Medicaid Services (CMS) published the final rule for the National Provider Identifier (NPI). The rule establishes a standard for using a nationally assigned NPI that will be required for all electronic health care transactions. All providers who submit health care transactions electronically must begin using the NPI by May 23, 2007. The NPI will replace health care provider identifiers (provider ID number) that are in use today. Implementation of the NPI will eliminate the need for health care providers to use different identification numbers to identify themselves when conducting HIPAA standard transactions with multiple health plans.

All health plans (including Medicare, Medicaid, and private health plans) and all health care clearinghouses must accept and use NPIs in standard transactions by May 23, 2007. While Michigan Medicaid is not currently accepting NPIs, we will require the use of NPIs sometime in the future.

For more information on NPI, please visit www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Provider Enrollment.

15-Day Readmissions

Medicaid defines readmission, for purposes of review, as any admission/hospitalization of a beneficiary within 15 days of a previous discharge. This is the same for all facilities whether the readmission is to the same or different hospital.

To determine whether a readmission pacer number is required, include the discharge and readmit day in your 15-day count. For example, if the discharge date is June 19th, and the readmission date is July 3rd, this readmission day would be considered the 15th day. This readmission would require a pacer number.

If you have any questions on the 15-day readmission policy, please contact Provider Inquiry at 1-800-292-2550.



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What's
New



Dental Claim Replacements

Michigan Medicaid is offering a new dental claim replacement process, which gives the provider two options for submitting claim replacements and void/cancel claims. MDCH encourages providers to submit these claims electronically, but also gives a paper option for providers that do not have the electronic capabilities.

Replacement claims are submitted to change incorrect information on a MDCH approved claim. Primary reasons used to submit a replacement claim are to change a date of service, tooth number, incorrect charges or to report a third party payment after MDCH made payment. When replacement claims are received, MDCH deletes the original claim and replaces it with the information from the replacement claim.

All service lines, including correctly paid lines, need to be reported on the replacement claim. All money paid on the first claim will be debited and payment will be based on information reported on the replacement claim only. All instructions for claim completion apply to completing a replacement claim.

Void/cancel claims are submitted when a claim was paid under an incorrect provider ID number or beneficiary ID number. When you submit a void/cancel claim, duplicate all of the information reported from the first claim, except you only need to include the first service line with charges entered as zero dollars in all money fields. When void/cancel claims are received, MDCH deletes the original claim from the system. All money paid on the first claim will be deleted. Once the claim has been deleted from the Medicaid system, you may then submit a new claim for the correct provider ID and/or beneficiary ID.

For both replacement and void/cancel claims, the provider ID and beneficiary ID number must be the same as the original claim.

Please refer to the Dental Claim Replacement Policy Bulletin, which will give more detailed information on the claim specifics for submitting the replacement claims. Any questions about the new dental replacement claim process, please contact Provider Inquiry at 1-800-292-2550.



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Education - The Key to Getting Claims Paid

One of our goals at Medicaid is to make your billing a success. Some providers feel that Medicaid does have difficult billing requirements, but please keep in mind that as an insurer, Medicaid must face the task of meeting both Federal government regulations and State of Michigan government requirements.

The Provider Inquiry Unit would like to help educate providers about the tools available to help bill correctly. In order to reduce the volume of calls that the Provider Inquiry Line receives, providers need to be aware of the tools that are available. Medicaid hopes that all providers are aware of the Medicaid Provider Manual, the Information for Medicaid Providers website, and the Medicaid Training.

Medicaid offers the Medicaid Provider Manual online, which is available free for all providers. The Medicaid Provider Manual has over 1,500 pages, however providers should be able to identify the information that they are looking for based on the chapter and bookmark headings.

Currently when you call the Provider Inquiry Line, you may have to wait to speak with a Medicaid representative. Over the last year the waiting time has greatly reduced, but Medicaid wants to educate providers to eliminate unnecessary calls.

When calling the Provider Inquiry Line, you may be referenced back to the Medicaid Provider Manual. Medicaid believes that it is important to guide providers to the information that is available to increase your success with Medicaid billing. Not all answers to billing problems can be obtained within the Medicaid Provider Manual, but using the manual effectively will help eliminate the majority of questions.

Any questions that providers cannot get answered from the Medicaid Manual, they should next try the MDCH website. Medicaid information will be reported at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers. Within the Information for Medicaid Providers web page, providers can find fee screens (under Provider Specific Information), updates, training schedules and other information.

Medicaid also offers billing sessions for training on Medicaid requirements. These sessions are beneficial for providers to review Medicaid updates and to seek resolution on questions.

Medicaid does have a primary goal to help providers be successful with their Medicaid billing. If you have any questions, please contact Provider Inquiry at 1-800-292-2550.